

DAY CARE PLANS REVIEW SUBMITTAL FORM
Department of Commerce and Insurance
Division of Fire Prevention
Codes Enforcement Section
500 James Robertson Parkway, Third Floor
Nashville, TN 37243-1162
615-741-7190 --- 615-741-1583 (fax)

TFM: _____

SBC: _____

DHS Licensing Counselor:

INFORMATION TO BE PROVIDED BY DESIGNER

PROJECT NAME:

STREET

ADDRESS: _____

CITY: _____ **ZIP CODE** _____ **COUNTY:**

Is this project within the City Limits or Planning Region? Yes _____ No _____

OWNER: _____ **TELEPHONE:**

OPERATOR/DIRECTOR (If different from owner.): _____ **FAX:**

MAILING ADDRESS:

CITY: _____ **STATE:** _____ **ZIP CODE:**

E-MAIL ADDRESS:

ARCHITECT/ENGINEER: _____ **REGISTRATION NUMBER:**

FIRM: _____ **TELEPHONE:**

MAILING ADDRESS: _____ **FAX:**

CITY: _____ **STATE:** _____ **ZIP CODE:**

E-MAIL

ADDRESS: _____

Will architect provide construction administration? Yes _____ No _____

BUILDING OFFICIAL: _____ **TELEPHONE NUMBER:**

MAILING ADDRESS: _____ **FAX:**

CITY: _____ **STATE:** _____ **ZIP**
CODE: _____

E-MAIL ADDRESS:

FIRE OFFICIAL: _____ **TELEPHONE NUMBER:**

MAILING ADDRESS: _____ **FAX:**

CITY: _____ **STATE:** _____ **ZIP CODE:**

EMAIL ADDRESS:

Approximate date of construction start _____/_____/_____
_____/_____/_____ Anticipated date of completion

Occupancy Type (as defined by NFPA Life Safety Code 101, 2003 edition):

Construction Type (as defined by the Standard Building Code, 1999 edition): (Circle One)

New I II III IV IV-1HR V V-1HR VI VI-1HR SPRINKLERED? Y or N

Existing I II III IV IV-1HR V V-1HR VI VI-1HR SPRINKLERED? Y or N

HEIGHT: New _____ **NUMBER OF STORIES:** New _____
Existing _____ Existing _____

If project includes an existing building, please include original construction date including any additions.

If building is sprinklered, what is the age of the sprinkler system or systems:

Building Area (outside wall to outside wall as defined by the Standard Building Code, Section 202, 1999 edition):

New Construction _____ square feet per largest floor Total (all floors) _____ square feet

Existing Construction _____ square feet per largest floor Total (all floors) _____
square feet

Maximum Enrollment _____ Age of Children Served _____ to

Will construction or renovated area meet State adopted handicapped codes? Yes _____ No _____ **(Indicate yes if owner/provider decides to voluntarily comply with State adopted handicapped codes)**

In accordance with Rule 0780-2-3-.03(c) of the Rules and Regulations of the State of Tennessee, I hereby certify that, to the best of my knowledge and belief, the total construction cost (excluding land cost and site preparation) of this project will be: (The State reserves the right to request verification of costs.)

Estimated Cost of Construction: \$ _____

THIS FEE IS PAYABLE AT THE TIME OF INTIAL SUBMISSION OF PLANS AND SPECIFICATIONS. NO REVIEWS WILL BE DONE UNTIL THE FEE IS PAID IN FULL. (A separate submittal form and check must be provided for each project.)

Amount of Fee Due (see table on reverse side to calculate): \$ _____

TO RECEIVE A CERTIFICATE OF OCCUPANCY, SEALED BUILDING PLANS MUST BE REVIEWED AND APPROVED PRIOR TO THE START OF ANY CONSTRUCTION OR RENOVATION WORK.

Type or Print Owner/Authorized Representative

Signature

Date

If owner is a State agency, **do not** enclose payment. Owner agency will be journal vouchered. If owner is the University of Tennessee **do not** enclose payment. U.T. will be invoiced. Otherwise, **fee is payable** when plans are submitted. Make check payable to the Department of Commerce and Insurance.

WHEN CALCULATING THE FEE, ROUND THE CONSTRUCTION COST UP TO THE NEAREST ONE-THOUSAND DOLLARS (E.G., \$125,101.00 TO 126,000.00). THE FEE SHALL BE CALCULATED USING THE ROUNDED CONSTRUCTION COST. THE FEE SHALL BE PAID IN FULL. SUBMIT TWO COPIES OF PLANS AND ONE COPY OF SPECIFICATIONS SEALED (WITH SIGNATURE AND DATE).

ESTIMATED CONSTRUCTION COST

TO CALCULATE FEE

\$1,000,000 OR LESS

\$2.00 per thousand or fraction thereof.
(\$200.00 minimum)

\$1,000,001 OR GREATER

\$2,000.00 for the first \$1,000,000.00
plus \$1.50 for each additional thousand
or fraction thereof.

Where a permit fee for construction will be paid to a local government which has an exempt status, fees for day cares, schools, and State owned buildings will be reduced by one-half. Documentation of payment may be required.

Minimum fee = \$200.00 No Maximum fee

STATE EXEMPTIONS GRANTED 7/17/2001

Alcoa
Athens
Bartlett
Brentwood
Bristol
Chattanooga
*Clarksville
Collierville
Cookeville
*Franklin
*Gatlinburg
Goodlettsville
Hendersonville

Jackson
Johnson City
Kingsport
Knox County (Farragut not included)
Knoxville (Farragut not included)
Lebanon
*Madison County (Jackson not included)
Maryville
Memphis/ Shelby County
Millington
Montgomery County
Murfreesboro
Nashville/Davidson County (Oak Hill, Belle Meade, Forest Hills, Berry Hill, Goodlettsville & Lakewood not included)
*Oak Ridge
Paris
Pigeon Forge
*Sevierville
White House

***Review fee is not to be reduced by one-half.**

SPECIAL NOTE: In the above exempt jurisdictions, only State owned and State leased buildings, day cares, and schools through twelfth grade must be approved by the Division of Fire Prevention. Outside the above exempt jurisdictions, plans for the preceding occupancies, and plans for assemblies of 300 or more, three or more story buildings used for residential or business occupancy, correctional facilities, enclosed malls, high hazard industrial occupancies, and two story residential occupancies with twelve (12) units or more must be submitted to and reviewed by the Division of Fire Prevention.